U.S. Department of Justice United States Marshals Service

See Instructions for "Service of Process by the U.S. Marshal" on the reverse of this form.

PLAINTIFF	COURT CASE NUMBER 08C144			
Averbakh DEFENDANT Chertoff, et al.	TYPE OF PROCESS S/C			
SERVE NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DE Hichael Chertofff, Director, U.S. Department of ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) Attn: Office of the General Counsel, Washington	ESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN Homeland Security			
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:	Number of process to be served with this Form - 285			
33 N. LaSalle St., Ste. 2300 Chicago, IL 60602	Number of parties to the served in this case			
	Check for service on et.S.A.			
SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SETTLE Prior Numbers, and Estimated Times Available For Service): 7-2 JUL 28 MICHAEL W. ICLERK, U.S. DIST	Pod 8 - 2 00 8 2008 Y M DOBBINS			
	TELEPHONE NUMBER DATE			
SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO N				
I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted) Total Process District of Origin to Serve 24 No	d USMS Deputy of Clerk TD Date 01-16-08			
I hereby certify and return that I \sum have personally served. A ave legal evidence of service, \subseteq have executed have individual, company, corporation, etc., at the address shown above or on the individual, company, ex				
☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc.,				
Name and title of individual served (if not shown above)	A person of suitable age and discretion then residing in the defendant's usual place of abode.			
Address (complete only if different than shown above) RECESTED EN RECESTRES CONFIG. SULTY (SULN CAND)	Date of Service Time am Table Time pm Signification Marshall for Deputy Time pm pm pm pm pm pm pm			
Service Fee Total Mileage Charges Forwarding Fee Total Charges Advance Deposits Am	rount owed to U.S. Marshal or Amount of Refund			
REMARKS: Maile a Centified Mail 7007	0710 0000 9600622			

	— ,	SENDER: COMPLETE T		A. Signature	COMPLETE THIS SECTION ON DI-LIVERY		
	-	 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		X			
		Article Addressed to:		D. Is delivery addles	e different from item 17	□ Yes □ No	
		Michael Chertoff, D. U.S. Department of I Attn: Office of the C	irector Homeland Security Jeneral Counsel	D. is delivery addes			
		Washington, DC 20	fice of the General Counsel of the groun, DC 20528	3. Service Type 5. Certified Mail			
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United States Postal Service



First-Class Mail Postage & Fees Paid USPS Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

United States Marshal Service 2444 S. Dearborn Street, Room 2444 Chicago, IL 6060 Attn: Civil

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